

Arkansas Department of Labor  
Wage and Hour Division  
10421 West Markham  
Little Rock, Arkansas 72205-2190  
Telephone (501) 682-4500 \* TDD: (800) 285-1131

## APPLICATION FOR EMPLOYMENT OF A MINOR

### Section 1. INSTRUCTIONS

1. All sections **must** be completed before submitting the application. If all sections are not completed, the application will be denied.
2. **As a means of establishing age, please submit a copy of one of the following documents with the application:** Certificate of Birth, Driver's License, State issued I.D. card, or a notarized copy of school record listing the minor's name and date of birth.
3. The following information **must** be provided or the application will be denied: exact hours the minor will be working, specific job description and proof of age.

**NOTE: A work permit is not required for a minor 16 and 17 years of age.**

### Section 2. STATEMENT OF PARENT, GUARDIAN OR CUSTODIAN

(This statement must be completed by the parent, guardian or custodian of this child and signed by the parent, guardian or custodian, and also by the child).

I, the undersigned, hereby affirm that I am the \_\_\_\_\_  
(Parent, Guardian or Custodian)

of \_\_\_\_\_, now residing at  
(First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
(Give Number and Street, City, County, State, Zip Code)

and that \_\_\_\_\_ was born in \_\_\_\_\_  
(He/She) (City) (County) (State)

on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, and is now \_\_\_\_\_ years of age.  
(Month)

School currently attending or last attended \_\_\_\_\_,  
(Name of School) (Location)

Child will be employed by \_\_\_\_\_  
(Give Name of Firm and Address)

as \_\_\_\_\_  
(Occupation of Minor)

and I am willing that \_\_\_\_\_ be so employed, and ask that an employment certificate be issued to said child as provided by law.  
(He/She)

\_\_\_\_\_  
(Signature of Parent, Guardian or Custodian)

\_\_\_\_\_  
(Address of Parent, Guardian or Custodian)

Signature of child: \_\_\_\_\_  
(Child Must Sign Own Name Here)

\_\_\_\_\_  
(Date)

### Section 3. INTENTION TO EMPLOY

(This section is to be completed in full and signed by the employer.) This information must be provided or a permit will not be issued.)  
The undersigned intends to employ:

\_\_\_\_\_  
(Name and Address of Minor)

in the capacity of \_\_\_\_\_ in the \_\_\_\_\_ industry,  
(Occupation)

for \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day on the following days:

Yes or No: Vacation employment only \_\_\_\_\_ Employment during school year only \_\_\_\_\_ Both \_\_\_\_\_

(Complete only the days that apply)

Monday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P.M.

Tuesday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P.M.

Wednesday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P.M.

Thursday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P.M.

Friday beginning \_\_\_\_\_ A. M. and ending \_\_\_\_\_ P. M.

Saturday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P.M.

Sunday beginning \_\_\_\_\_ A.M. and ending \_\_\_\_\_ P. M.

If the minor's schedule will vary, list the earliest possible beginning time and latest possible ending time. Please note that Arkansas law only allows a minor 14 and 15 years of age to work until 7:00 p.m. on nights that precede a school day and until 9:00 p.m. on nights that do not precede a school day. If your business is subject to the Fair Labor Standards Act, a minor 14 and 15 years of age can work three (3) hours per day until 7:00 p.m. on nights preceding a school day with a maximum of eighteen (18) hours per week. To obtain additional information on Federal child labor laws, you will need to contact the U.S. Department of Labor at (501) 324-5292. Failure to comply with these regulations will result in the application being denied.

The undersigned intends to employ the above-mentioned minor immediately upon receipt of a certificate issued by the Arkansas Department of Labor and agrees to comply with the provisions of the Arkansas Statutes and the Fair Labor Standards Act relating to the employment of minors.

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Business Mailing Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Employer=s Telephone Number)

\_\_\_\_\_  
(Signature of Employer or Authorized Agent)

#### REMINDER:

Proof of age must be attached to application or permit will not be issued.